DOCUMENT RESUME

ED 380 715 CG 026 035

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TITLE The Effects of Alcohol on Intentions To Use Condoms.
PUB DATE Aug 94
NOTE 10p.; Paper presented at the Annual Meeting of the American Psychological Association (102nd, Los Angeles, CA, August 12-16, 1994).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Alcohol Abuse; Alcoholic Beverages; Attitudes; Behavior; *Drinking; Foreign Countries; Higher Education; *Intention; Intimacy; *Males; *Sexuality
IDENTIFIERS *Condoms; *Safe Sex Practices

ABSTRACT

This study addressed the hypothesis that intentions to use condoms are affected by alcohol intoxication. Recruited for this research were 54 male students, who indicated on a pretest that they were sexually active, usually used condoms, and were social drinkers. Subjects were divided into groups of two or three and then randomly assigned to the sober (n=24, no alcohol consumed) or the intoxicated (n=30, blood alcohol limit of 0.08 percent) condition. Each group watched a video vignette depicting a couple faced with the decision of whether or not to have unprotected sexual intercourse. Each participant then answered a questionnaire devised to assess subjects' predicted intentions to engage in sexual intercourse if they were in the situation presented in the video. Results indicated that intoxicated subjects had more positive intentions to engage in sex without a condom and were more likely to endorse items justifying the decision to do so than did sober subjects. The findings were interpreted in terms of "alcohol myopia"--the notion that alcohol decreases cognitive capacity so that an individual attended only to the most salient cues of a situation. (RJM)

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The Effects of Alcohol on Intentions to Use Condoms

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This poster was presented at the annual convention of the American Psychological Association, Los Angeles, California, in August, 1994. Correspondence regarding this research should be addressed to Tara MacDonald, Department of Psychology, University of Waterloo, Waterloo, Ontario, Canada, N2L 3G1.

CG026035

Abstract

This experiment addressed the hypothesis that intentions to use condoms are affected by alcohol intoxication. Sober (n = 24) and intoxicated (n = 30) sexually active male undergraduates who claimed to use condoms regularly watched a video vignette depicting a couple faced with the decision whether to have unprotected sexual intercourse. Results indicated that intoxicated subjects had more positive intentions to engage in sex without a condom, and were more likely to endorse items justifying the decision to do so than sober subjects. We interpreted these findings in terms of "alcohol myopia" (Steele & Josephs, 1990), the notion that alcohol decreases cognitive capacity, so that people attend only to the most salient cues of a situation. Intoxicated subjects may be focusing on the perceived benefits of having intercourse, and not attending to the possible negative consequences of not using a condom.

In a recent poll of Canadian university students, one undergraduate noted that "just because you see people putting condoms in their pockets, it doesn't mean they are using them. If you meet someone at a bar and there is alcohol involved, then common sense can go out the window" (Wallace, 1991). This observation provides one possible explanation for this puzzling social phenomenon: People generally hold negative attitudes about engaging in casual sex without a condom, and great efforts are taken to educate people about the dangers of doing so. Yet the rate of casual sex without a condom is alarmingly high. Numerous studies with Canadian and American high school and college students have found that despite the attendant risks, such as contracting AIDS or other sexually transmitted diseases (STDs), or unwanted pregnancy, only 15 to 38% of sexually active young people report using a condom every time they have intercourse. In this program of research, we are investigating the possibility that alcohol intoxication might be a factor that could lead one to engage in this type of risky sexual behavior.

There has been a great deal of research exploring the relationship between alcohol and high-risk sexual behavior, and there are often inconsistent findings in this area (for a review, see Leigh & Stall, 1993). In general, studies have shown that people who regularly consume alcohol or use drugs are more likely to engage in high-risk sexual behavior. Moreover, in young adults, alcohol use and sexual activity often coincide. Leigh and Morrison (1991) report that among a sample of adolescents, 50% of both males and females had been drinking at the time of their first sexual experience. More importantly, alcohol intoxication at the time of first sexual intercourse is associated with a decrease in condom use (Robertson & Plant, 1988), particularly when this event is unplanned (Flanigan & Hitch, 1986).

In a recent correlational study of condom use in undergraduates, Campbell, Peplau, and DeBro (1992) asked subjects if they had ever used a condom during intercourse, and then asked if they had used a condom the last time that they had intercourse. Their results were striking: 83.2% of respondents had used a condom at some time, whereas only

30.6% reported using a condom during their most recent sexual experience. Similarly, a study conducted at various dating bars in Ontario revealed that 72% of respondents reported using a condom during casual sex at some time, but only 56% had used a condom the last time that they had intercourse with someone that they had just met (Herold & Mewhinney, 1993).

In an initial survey study (MacDonald, Zanna, & Fong, 1994) we asked single, sexually active undergraduates who claim to use condoms regularly if they had used a condom and if they had consumed alcohol when they last had intercourse. Males who were intoxicated the last time that they had intercourse were less likely to have used a condom than sober males. In contrast, alcohol intoxication did not influence the likelihood that females would use a condom. Following up on these intriguing data, we designed an experiment assessing the effects of alcohol on intentions to use condoms. To our knowledge, this is the first experiment testing whether alcohol causes people to form less negative attitudes and intentions toward the behavior of unprotected sexual intercourse.

Method

Subjects

We recruited 54 male introductory psychology students who indicated on a pretest that they were at least 19 years old (the legal drinking age in Ontario), sexually active, usually used condoms, and were social drinkers. Subjects were randomly assigned in groups of 2 or 3 to the sober ($n = 24$) or intoxicated condition ($n = 30$).

Procedure

Subjects in the sober condition did not consume any alcohol, whereas those in the intoxicated condition consumed three alcoholic drinks over an hour (using their weight as a guideline, we gave them enough alcohol to raise their blood alcohol limit to 0.08%). All subjects watched a video vignette that we developed for the study.

The video depicted a situation where an attractive couple, Mike and Rebecca, are faced with a dilemma: The characters are clearly interested in having sex, but neither one

has a condom. We set up the situation presented in the video so that it would be believable, and hold a great amount of conflict for the subjects in our study. That is, we expected that subjects would be torn between the competing impelling cues (e.g., the possibility of having consensual sexual intercourse with an attractive female) and inhibiting cues (e.g., there is no condom readily available). The video ends with a freeze frame at a point where the couple is deciding how to resolve this dilemma. Subjects then completed the measures described below.

Measures

We formed a questionnaire to assess subjects' predicted intentions to engage in sexual intercourse if they were in the situation presented in the video. Subjects were instructed to indicate what they would do if they were in Mike's situation. All questions were answered on rating scales with endpoints labeled 1 (strongly disagree) and 9 (strongly agree).

The first question assessed their general intention to have sex ("If I were in this situation, I would engage in sexual intercourse with Rebecca"). The next five questions contained excuses to engage in unprotected sex in the situation presented in the video (e.g., "Because Rebecca's on the pill and won't get pregnant, there's little for me to worry about if we have intercourse"). We aggregated these five items into an index of justifications (Cronbach's a = .86).

Results

Males who were sober when they viewed the video and completed the dependent measures expressed fairly positive intentions to have sexual intercourse if they were in the situation depicted in the video ($M = 3.63$). However, those who were intoxicated expressed very positive intentions to have sexual intercourse ($M = 6.78$). This difference is highly significant, $t(52) = 4.72$, $p < .0001$.

The results are equally as strong when we analyze the data non-parametrically. We classified all subjects according to whether they scored on or below the midpoint of the scale (5), or above the midpoint. Five out of 24 (21%) sober subjects expressed intentions to have

sex at a point above five on the nine-point scale, whereas 23 out of 30 (77%) of intoxicated subjects did so, $\chi^2 = 16.65$, $p < .0001$.

Sober subjects did not endorse the justifications for having unprotected sex in the situation presented in the video ($M = 1.89$). Although intoxicated subjects were still below the midpoint of the scale, they expressed more agreement with these items ($M = 2.87$), and this difference is reliable, $t(52) = 2.75$, $p = .008$. The results are presented in Figure 1.

Insert Figure 1 about here

Discussion

The results that we obtained for males can be interpreted in terms of "alcohol myopia" (Steele & Josephs, 1990): Alcohol restricts cognitive capacity so that when intoxicated, a person is more likely to attend to the most salient cue of a situation (i.e., a person cannot simultaneously attend to competing impelling and inhibiting cues). In a situation where a person is deciding whether to engage in unprotected sexual intercourse there are impelling cues (e.g., being in a passionate situation where it is desirable to engage in intercourse) and inhibiting cues (e.g., the possibility of contracting AIDS or other STDs). When intoxicated, people may be more influenced by the salient physical cues than inhibiting cues--this is consistent with the notion of "myopia," as people are not able to see the less immediate potential negative consequences of their actions, but attend only to the short-term benefits.

A distinctive feature of the study is that we selected subjects who reported on a pretest that they usually use condoms: This increases our confidence that the subjects in our study typically had positive attitudes and intentions toward condom use, but that being in the altered state of intoxication precluded subjects from attending to cues that would normally prohibit having unprotected sexual intercourse.

This research holds some important implications for interventions aimed at increasing condom use in college populations. Males who generally have positive attitudes toward condom use, and typically use them when having sexual intercourse are less likely to do so when intoxicated. This suggests that strategies aimed to promote condom use might have to do more than emphasize the positive aspects of using condoms: It may be beneficial to train people to anticipate the effects of alcohol on their intentions to use condoms, and recognize that they are less likely to attend to factors that would prevent them from engaging in unprotected sexual intercourse when intoxicated. In any event, people should know that their attitudes and intentions toward condom use may change when they have been drinking.

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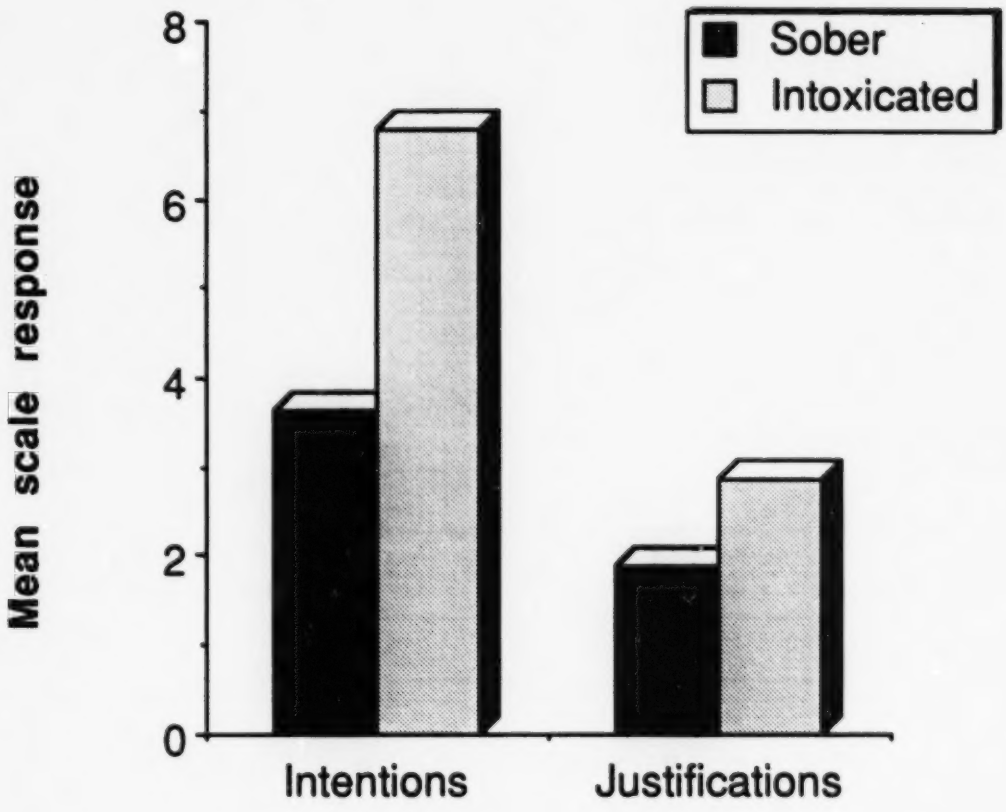
Figure 1.

Mean scale responses to intention item and justification index



Note: High scale values reflect positivity toward having sexual intercourse in the situation presented in the video.